



## Important Information for Primary Care and Community Providers related to the impact of Connect Care

### Connect Care Identifiers

**\*Please retain this information for your records\***

Wave 3 of Connect Care will launch at select sites in the North Zones on Saturday, April 10, 2021.

#### What do I need to do?

All community providers in Alberta need to take action so that laboratory, diagnostic imaging, and other investigation results and reports are delivered to your office. As you soon as you receive notification from Alberta Health Services (AHS), you need to:

- Use Connect Care identifiers on requisitions
- Use updated requisitions to order laboratory tests and diagnostic imaging

#### What are Connect Care Identifiers?

AHS is sending new Connect Care identifiers (IDs) to community providers across Alberta who order laboratory tests, diagnostic imaging (DI) and other interventions. Many providers may already have received and be using one or more of the following identifiers.

Please start using Connect Care IDs as soon as you receive them. Please continue to also include non-Connect Care IDs on requisitions, in addition to your Connect Care IDs.

**Connect Care Provider ID:** A single ID that identifies the ordering provider regardless of their location

**Connect Care Department ID:** Identifies the location where diagnostic imaging is ordered from

**Connect Care Submitter ID:** Identifies the location where laboratory tests are ordered from

Please email [ccproviderbridge@ahs.ca](mailto:ccproviderbridge@ahs.ca) with questions about these IDs.

#### Are there new laboratory and diagnostic imaging requisitions?

In early 2020, Alberta Precision Laboratories (APL), DynaLIFE and AHS Diagnostic Imaging (DI) have introduced new requisitions that include space for Connect Care and other non-Connect Care (legacy) healthcare identifiers.

#### When will I receive my Connect Care identifiers if I use eDelivery?

If you receive lab, DI and other reports via eDelivery, your Connect Care IDs should already be loaded in your EMR. Clinics affected by Connect Care Wave 3 may also receive an email from AHS eDelivery to confirm which providers work at that location. If your EMR is missing your Connect Care IDs, please contact your EMR vendor for support.



---

### When will I receive my Connect Care identifiers if I receive results by fax or courier?

If you receive lab, DI and other reports via fax or courier, Connect Care IDs are being mailed in a staged manner to providers across Alberta. Some providers, including those in the Edmonton and North Zones, may already be using identifiers. We appreciate your understanding if you receive this information a second time.

- **Provider IDs** (grouped by clinic/location): will be mailed to all ordering providers in Alberta.
- **Department IDs:** will be mailed to clinics across the province.
- **Submitter IDs:** will be mailed to the former Peace Country region.

If you are in Wave 3 and have not yet received your letter, it should arrive soon. Providers in some parts of Alberta will receive their submitter IDs at a later date, in alignment with the [Connect Care implementation waves](#). More information will follow.

### I am a short-term locum physician. What do I need to do?

If you are a short-term locum physician who works at a clinic using eDelivery, you **must** order under the provider you are covering until you are registered with eDelivery, in order to ensure successful result delivery.

### I practice at a community clinic, but I also work at an AHS facility. What do I need to do?

Community orders will need to use Connect Care IDs to ensure that labs and DI ordered in your community practice return to the correct location.

### I am interested in eDelivery. How do I sign up?

If you provide care at a location that uses a community-based EMR (e.g., Wolf, PS Suite, MedAccess, Accuro, Healthquest, Juno, etc.), then you are eligible to have lab and DI results delivered electronically to your EMR.

Visit [eDelivery](https://www.albertahealthservices.ca/info/Page15302.aspx) (<https://www.albertahealthservices.ca/info/Page15302.aspx>) to learn more about signing your clinic up for eDelivery.

### Where can I find more information?

- Email: [ccproviderbridge@ahs.ca](mailto:ccproviderbridge@ahs.ca)
- Community Information: [ahs.ca/ccproviderbridge](https://ahs.ca/ccproviderbridge)
- Connect Care Information: [ahs.ca/connectcare](https://ahs.ca/connectcare)



### New Laboratory and Diagnostic Imaging Requisition Header Examples

The following are examples of updated laboratory and diagnostic imaging requisitions from DynaLIFE, Alberta Precisions Laboratories (APL) and AHS Diagnostic Imaging. **Please note the new fields for provider ID, submitter ID, and department ID.**

#### DynaLIFE Laboratory Requisition Example

##### Requisition Header

Patient	PHN / Healthcare Number	Expiry	Alternate Identifier		
	Legal Last Name EXAMPLE	Legal First Name PATIENT	Middle Name B.	Date of Birth (dd-Mon-yyyy) 23-SEP1992	
	Preferred Name XXXXXXXX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (Non-Binary/Prefer not to Disclose)		Phone XXX-XXX-XXXX	
Provider(s)	Address 1111 ADDRESS DRIVE SW		City / Town EDMONTON	Province AB	Postal Code T1T 1T1
	Authorizing Provider Name (Last, First, Middle) EXAMPLE, DOCTOR S.		Authorizing Provider Name (Last, First, Middle) EXAMPLE, COPY TO		Authorizing Provider Name (Last, First, Middle)
	Provider ID XXXXXX	Submitter ID XXXXXX	Phone XXX-XXX-XXXX	Address 4567 89 AVE, EDM, AB T3T 3T3	Phone XXX-XXX-XXXX
Collection	Date (dd-Mon-yyyy)	Time (24h)	Location	Collector ID	
<input type="checkbox"/> Routine <input type="checkbox"/> Stat	Requisition Date	<input type="checkbox"/> (F) Denotes a Fasting Test <input type="checkbox"/> (I) Refer to Patient Instruction Sheet	Hours	<input type="checkbox"/> Third Party Bill? Client	

**New Required Provider Information Fields**

- **Authorizing Provider:** The physician/provider ordering the test and acting on the test result.
- **Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Submitter ID:** Unique ID for the location/clinic and is used to route reports.

**NOTE: Both Provider ID and separate Submitter ID are required to correctly route your reports.**

**New Patient Information Fields**

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance.
- **Alternate Identifier:** Unique ID (ULI, MRN, Government issued ID, etc.)
- **Preferred Name:** Use if preferred name differs from legal name.
- **Gender X Non-binary/Prefer not to disclose:** Added to provide choice of response other than "male" or "female".

**New Requisition Information Fields**

- **Requisition Date:** Indicate the date the requisition was issued.
- **(F)** Denotes tests which require fasting.
- **(I)** Denotes tests with patient instruction sheets.

DynaLIFE laboratory requisitions can be found at the following link: <https://www.dynalife.ca/Requisitions>.



### Alberta Precision Laboratories Requisition Example

			Scanning Label or Accession # <i>(lab only)</i>		
Patient	PHN 12345-6789	Expiry	Alternate Identifier		Date of Birth <i>(dd-Mon-yyyy)</i> 25 Dec 1925
	Legal Last Name EXAMPLE		Legal First Name PATIENT		Middle Name B
	Preferred Name XXXX		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X Non-binary/Prefer not to disclose		Phone XXX-XXX-XXXX
	Address 1234 My Street		City/Town Edmonton		Prov AB      Postal Code T1T 1T1
Provider(s)	Authorizing Provider Name <i>(last, first, middle)</i> EXAMPLE, DOCTOR S		Copy to Name <i>(last, first, middle)</i> EXAMPLE, COPY TO		Copy to Name <i>(last, first, middle)</i>
	Address 1234 211 St, EDM, AB T2T 2T2		Phone XXX-XXX-XXXX	Address 4567 89 Ave, EDM, AB T3T 3T3	
	CC Provider ID XXXXXX	CC Submitter ID XXXXXX	Legacy ID	Phone XXX-XXX-XXXX	
	Clinic Name Family Medicine Clinic		Clinic Name Associate Medical		Clinic Name
Collection	Date <i>(dd-Mon-yyyy)</i>	Time bc	Location		Collector ID

**New Required Provider Information Fields**

- **Authorizing Provider:** The physician/provider ordering the test and acting on the test result.
- **Connect Care Provider ID:** Unique ID assigned to the provider. This ID does not change when providers practice at more than one location.
- **Connect Care Submitter ID:** Unique ID for the location/clinic and is used to route reports.

**NOTE:** Both Provider ID and a separate Submitter ID are required to correctly route your reports.

**New Patient Information Fields**

- **PHN Expiry Date:** Required for patients with out-of-province healthcare insurance (if applicable)
- **Alternate Identifier:** Unique ID (ULI, MRN, Government issued ID etc)
- **Preferred Name:** Use if the preferred name differs from legal name.
- **Gender X Non-binary/Prefer not to disclose:** Added to provide choice of response other than "male" or "female"

**Legacy Provider ID:**

- Millennium – numeric
- Sunquest – alpha/numeric

**Note:** adding the legacy ID assists non Connect Care sites with accurate provider selection for report delivery.

Alberta Precision Laboratories requisitions can be found at the following link:  
<https://www.albertaprecisionlabs.ca/Page13716.aspx>.



### AHS Diagnostic Imaging Requisition Example



**Alberta Health Services**

### Computed Tomography (CT) Request

- Complete all fields for your request to be processed
- Fax to Diagnostic Imaging; fax numbers listed at <http://www.albertahealthservices.ca/diagnosticimaging>
- Urgent/Emergent requests must be discussed by direct consultation with a radiologist

**Important** - Data for the **bold** and *italicized* fields on this form **must be reconciled**. These are critical data elements for reconciliation.

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	
			Patient Phone Number
Preferred Facility		Inpatient Location	WCB Claim Number
<b>Ordering Provider Name</b> <i>(last, first and middle)</i>		<b>Provider Phone</b>	
<b>Provider Fax</b>	<b>Contact Number for Critical Test Results</b>	<b>Provider ID</b>	<b>Department ID</b>
<b>Provider Address/Location</b>		City	Postal Code

AHS diagnostic imaging requisitions can be found at the following link:  
<https://www.albertahealthservices.ca/info/page9911.aspx>.